2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N94000005742

Entity Name: MOUNT ZION CHURCH OF JESUS CHRIST OF CHIEFLAND, INC.

Current Principal Place of Business:

10990 NW 70TH AVE
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1653
CHIEFLAND, FL 32644 US

New Mailing Address:

FEI Number: 59-3281853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, SHARON G
11531 NW 83RD COURT
CHIEFLAND, FL 32644 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	WILLIAMS, STEVIE	
Address:	P O BOX 1516	
City-St-Zip:	CHIEFLAND, FL 32624	
Title:	D	( ) Delete
Name:	WILLIAMS, THOMAS C	
Address:	12951 NW 85TH AVENUE	
City-St-Zip:	CHIEFLAND, FL 32644	
Title:	TD	( ) Delete
Name:	PITTS, VICKY	
Address:	11230 NW 129TH PLACE	
City-St-Zip:	CHIEFLAND, FL 32626	
Title:	D	( ) Delete
Name:	DAVIS, LAMAR	
Address:	7530 NW 170TH ST	
City-St-Zip:	TRENTON, FL 32693	
Title:	S	( ) Delete
Name:	WILLIAMS, SHARON	
Address:	11531 NW 83RD COURT	
City-St-Zip:	CHIEFLAND, FL 32644	
Title:	P	( ) Delete
Name:	HUGGINS, HENRY M	
Address:	10720 W WOODLAND PLACE	
City-St-Zip:	HOMOSOSSA, FL 34487	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON G. WILLIAMS S 02/23/2009

Electronic Signature of Signing Officer or Director — Date